

Workforce Investment Act

Eligible Training Provider List

Forms Handbook

Prepared By
Workforce Investment Division
May 2000

Workforce Investment Act Eligible Training Provider List Forms Handbook

Table of Contents

Chapter 1	Training Provider Application	3
	Sample Form (ETPL EPVA)	4
	Line Item Instructions	5
Chapter 2	Training Program Application	11
	Sample Form (ETPL EPGA)	12
	Line Item Instructions	14

Training Provider Application (ETPL EPVA)

The Training Provider Application form may be used by the Local Workforce Investment Board (LWIB) to collect data on a provider that is required to determine their eligibility for listing on the Eligible Training Provider List (ETPL). In order to receive Workforce Investment Act (WIA) funds for training services provided to Adults and Dislocated Workers in the local area, a provider must be listed on the ETPL.

The provider code is used to uniquely identify providers on the ETPL.

The line item numbers relate to corresponding screens and data element fields in the Job Training Automation (JTA) system.

The provider interested in applying for eligibility on the ETPL completes the Provider Application form. Providers must apply to a LWIB in an area where they intend to provide training services. Only one completed Provider Application form is required.

Providers headquartered outside of California who do not have training facilities in California but who wish to offer programs to holders of Individual Training Accounts (ITA) in California may apply to any LWIB in California to have their programs listed on the ETPL. Such programs are eligible for listing on California's ETPL if the applying provider is eligible to receive funds under the Higher Education Act of 1965 and the program leads to an associate or baccalaureate degree or a certificate, or the program operates under the National Apprenticeship Act. If the program does not meet either of these criteria, it is eligible to be listed on California's ETPL if it is listed on the ETPL in another state.

WORKFORCE INVESTMENT ACT TRAINING PROVIDER APPLICATION

01 Provider Code (FEIN)

For Internal Office Use Only

02 Subgrantee Code

03 Agency Code

04 Local Provider Code

05 Provider Name

06 Legal Name (if different)

07 Mail Address

City, State

08 ZIP

09 Main Phone
()

10 Main E-Mail

11 Web site Address

12 Administrative Contact Name

13 Administrative Contact Title

14 Administrative Contact E-mail

15 Administrative Contact Phone
()

16 Administrative Contact Fax
()

17 Admissions Phone (if different)
()

18 Financial Aid Phone (if different)
()

19 Accreditation
1 Yes
2 No

20 Accrediting Body

21 HEA Eligible (Pell Grant)
1 Yes
2 No

22 Financial Aid Available
1 Yes
2 No

23 Online Registration Available
1 Yes
2 No

24 Institution Type

- 1 Public
- 2 For-profit
- 3 Non-profit Religious
- 4 Non-profit Public benefit
- 5 Mutual
- 6 Other

25 Provider Type

- 1 University
- 2 College
- 3 Faith Based Organization
- 4 Community Based Organization (CBO)
- 5 Vocational
- 6 Postsecondary
- 7 ROC/P
- 8 Other

Additional Services

- 26 Job Placement Assistance 1 Yes 2 No
- 27 Career Assessment 1 Yes 2 No
- 28 Career Counseling 1 Yes 2 No
- 29 Tutorial Services 1 Yes 2 No
- 30 ESL Courses 1 Yes 2 No
- 31 GED Assistance 1 Yes 2 No
- 32 On-site Childcare 1 Yes 2 No
- 33 Other 1 Yes 2 No

ETPL EPVA (04/01/00)
(Internet)

Training Provider Application (ETPL EPVA)

Line Item Instructions

The following are line item instructions for completing the Training Provider Application form. These instructions are intended to assist applicants with completion of this form. They are not intended to provide information on using the Job Training Automation (JTA) system. For detailed instructions on the JTA system, please refer to the JTA User Guide.

01 Provider Code FEIN	Record the provider's nine-digit Federal Employer Identification Number (FEIN). This data field is required to be completed by the provider and will not be validated or displayed to the public.
02 Subgrantee Code	Record the three-digit code that is used to identify the LWIB. This data field is required to be completed by the LWIB and will not be validated.
03 Agency Code	Record the locally defined agency code. This is an optional data field that is completed by the LWIB and will not be validated.
04 Local Provider Code	Record the code used by the LWIB to allow cross-referencing between the local system and the system. This is an optional data field that is completed by the LWIB and will not be validated.
05 Provider Name	Record the name under which the institution operates. This name will be displayed on the statewide ETPL. This data field is required to be completed by the provider and will not be validated.
06 Legal Name	Record the name in which the institution is legally registered. This data field is required to be completed by the provider and will be validated by the State.
07 Mail Address City, State	Record the provider's mailing address. This data field is required to be completed by the provider and will not be validated. Record the city and state of the provider's mailing address. This data field is required to be completed by the provider and will not be validated.

08 ZIP Code	<p>Record the five or nine-digit ZIP code for the provider's mailing address.</p> <p>This data field is required to be completed by the provider and will not be validated.</p>
09 Main Phone	<p>Record the principal business telephone number, including the area code.</p> <p>This data field is required to be completed by the provider and will not be validated.</p>
10 Main E-Mail	<p>Record the principal electronic mail address.</p> <p>This is an optional data field that is completed by the provider and will not be validated.</p>
11 Web site Address	<p>Record the principal business uniform resource locator (URL) or web site address.</p> <p>This optional data field is completed by the provider and will not be validated.</p>
12 Administrative Contact Name	<p>Record the individual who is the provider's primary contact person for the application.</p> <p>This data field is required to be completed by the provider and will not be validated.</p>
13 Administrative Contact Title	<p>Record the title of the primary contact person.</p> <p>This data field is required to be completed by the provider and will not be validated.</p>
14 Administrative Contact E-mail	<p>Record the electronic mail address for the primary contact person.</p> <p>This optional data field is completed by the provider and will not be validated.</p>
15 Administrative Contact Phone	<p>Record the telephone number, including the area code and extension, for the primary contact person.</p> <p>This data field is required to be completed by the provider and will not be validated.</p>
16 Administrative Contact Fax	<p>Record the fax number, including the area code, for the primary contact person.</p> <p>This optional data field is completed by the provider and will not be validated.</p>

17 Admissions Phone	<p>Record the admissions telephone number, including the area code and extension, if different from the main phone number.</p> <p>This optional data field is completed by the provider and will not be validated.</p>
18 Financial Aid Phone	<p>Record the financial aid telephone number, including the area code and extension, if different from the main telephone number.</p> <p>This optional data field is completed by the provider and will not be validated.</p>
19 Accreditation	<p>Check the appropriate box.</p> <p>1 Yes—The provider has been granted accreditation. Accreditation is a means of insuring a basic level of quality over postsecondary educational institutions by a mostly non-governmental, peer evaluation of educational institutions and programs.</p> <p>2 No</p> <p>This data field is required to be completed by the provider and will be validated by the State.</p>
20 Accrediting Body	<p>If provider is accredited, record the name of the organization granting accreditation.</p> <p>If the provider is accredited, this data field is required to be completed by the provider and will be validated by the State.</p>
21 HEA Eligible (Pell Grant)	<p>Check the appropriate box.</p> <p>1 Yes—The provider is eligible to receive assistance under Title IV of the Higher Education Act.</p> <p>2 No</p> <p>This data field is required to be completed by the provider and will be validated by the State.</p>
22 Financial Aid Available	<p>Check the appropriate box.</p> <p>1 Yes—The provider offers financial aid programs such as government grants, student loans, and work-study programs.</p> <p>2 No</p> <p>This data field is required to be completed by the provider and will not be validated.</p>

23 Online Registration Available	<p>Check the appropriate box.</p> <p>1 Yes—The provider offers online registration.</p> <p>2 No</p> <p>This data field is required to be completed by the provider and will not be validated.</p>
24 Institution Type	<p>Check the appropriate box.</p> <p>1 Public—The provider is funded partly or fully by taxes, and is able to accept a large number of applicants.</p> <p>2 For-profit</p> <p>3 Non-profit Religious</p> <p>4 Non-profit Public benefit</p> <p>5 Mutual</p> <p>6 Other</p> <p>This data field is required to be completed by the provider and will not be validated.</p>
25 Provider Type	<p>Check the appropriate box.</p> <p>1 University</p> <p>2 College</p> <p>3 Faith Based Organization—The provider is a non-profit religious organization.</p> <p>4 Community Based Organization (CBO)—The provider is a non-profit organization that is representative of a community or a significant segment of a community and has demonstrated expertise and effectiveness in the field of workforce investment.</p> <p>5 Vocational—The provider offers a sequence of courses and programs that pertain to an occupation or are job-oriented, providing specific skills for a trade.</p> <p>6 Postsecondary—The provider is an institution of higher education that provides not less than a two-year program of instruction that is acceptable for credit toward a degree.</p> <p>7 ROC/P—The provider is operating a regional occupation center/program.</p> <p>8 Other</p> <p>This data field is required to be completed by the provider and will not be validated.</p>

26 Job Placement Assistance	<p>Check the appropriate box.</p> <p>1 Yes—The provider offers services in assisting its graduates in obtaining employment.</p> <p>2 No</p> <p>This data field is required to be completed by the provider and will not be validated.</p>
27 Career Assessment	<p>Check the appropriate box.</p> <p>1 Yes—The provider offers career assessment services.</p> <p>2 No</p> <p>This data field is required to be completed by the provider and will not be validated.</p>
28 Career Counseling	<p>Check the appropriate box.</p> <p>1 Yes—The provider offers counseling services to help individuals make career decisions.</p> <p>2 No</p> <p>This data field is required to be completed by the provider and will not be validated.</p>
29 Tutorial Services	<p>Check the appropriate box.</p> <p>1 Yes—The provider offers tutoring services to encourage and assist individuals in learning a particular subject.</p> <p>2 No</p> <p>This data field is required to be completed by the provider and will not be validated.</p>
30 ESL Courses	<p>Check the appropriate box.</p> <p>1 Yes—The provider offers classes/courses in English as a second language for non-native and limited English speakers.</p> <p>2 No</p> <p>This data field is required to be completed by the provider and will not be validated.</p>
31 GED Assistance	<p>Check the appropriate box.</p> <p>1 Yes—The provider offers assistance to individuals in attaining a certificate of General Educational Development.</p> <p>2 No</p> <p>This data field is required to be completed by the provider and will not be validated.</p>


32 On-site Childcare	<p>Check the appropriate box.</p> <p>1 Yes—The provider offers childcare at the training site.</p> <p>2 No</p> <p>This data field is required to be completed by the provider and will not be validated.</p>
33 Other	<p>Check the appropriate box.</p> <p>1 Yes</p> <p>2 No</p> <p>This data field is required to be completed by the provider and will not be validated.</p>

Training Program Application (ETPL EPGA)

The Training Program Application form may be used by LWIBs to collect data required to determine the eligibility of a program for listing on the ETPL. The form is completed by the provider who is interested in operating the program in the local area.

For each unique program of training services, a provider must submit a separate Training Program Application form in order to have that program listed on the ETPL. A program of training services is defined as:

- 1) One or more courses or classes that upon successful completion, lead to:
 - a) A certificate, an associate degree, baccalaureate degree, or
 - b) A competency or skill recognized by employers, or
- 2) A training regimen that provides individuals with additional skills or competencies generally recognized by employers, and
- 3) In addition to the above definitions, a program of training services is considered unique if any of the following four factors differ from one program to the next based on its:
 - a) Goals,
 - b) Geographical location,
 - c) Curriculum, or
 - d) Mode of delivery (e.g. classroom, Internet, correspondence).

 Employment Development Department State of California			01 Provider Code (FEIN)		For Internal Office Use Only	
			02 CIP Code		Program Code	
WORKFORCE INVESTMENT ACT TRAINING PROGRAM APPLICATION					03 Subgrantee Code	
					04 Agency Code	
					05 Date Received by LWIB	
					06 Local Program Code	
Provider Name						
07 Program Name			08 Program Description			
09 Training Site Address			City, State		10 Zip	
11 County						
12 Listed on Other State's ETPL 1 Yes 2 No		13 ADA Compliant 1 Yes 2 No		14 Total Hours of Instruction		15 Credits
16 Non-Credit 1 Yes 2 No		17 Credit Time 1 Semester 2 Quarter				
Total Program Cost		21 Mode of Delivery 1 Stand-up 2 Internet 3 Correspondence 4 Broadcast 5 Computer Based Instruction		When Program is Offered 22 Days 1 Yes 2 No 23 Evenings 1 Yes 2 No 24 Weekends 1 Yes 2 No		25 Frequency of Offering 1 Weekly 2 Monthly 3 Quarter 4 Semester 5 Other
18 Tuition \$ _____ 19 Fees \$ _____ 20 Expenses \$ _____ TOTAL \$ _____		26 BPPVE Approval Status 1 Approved 2 Temporary Approval 3 Registered 9 Not Applicable		27 BPPVE Approval Expiration Date		
28 Other BPPVE Approved Programs 1 Yes 2 No		29 Registered Apprenticeship 1 Yes 2 No		30 Registered Date		Other List Criteria 31 CDE Approved 1 Yes 2 No 32 COCCC Approved 1 Yes 2 No 33 Proven Effectiveness 1 Yes 2 No 34 Employer Support 1 Yes 2 No 35 Industry Authorized 1 Yes 2 No
36 Continuing Education Units (CEU)			37 CEU Granting Institution			
38 Resources Required 1 Yes 2 No		39 Program Goal 1 Skill Attainment 2 Certificate 3 Registration 4 License		5 Associate Degree 6 Baccalaureate Degree 7 Other		40 Credentialing Body
				41 Projected Hourly Wage After Program Completion		
42 Prerequisites						
43 Skills Sets						

ETPL EPGA (Rev. 04/00)
(Internet)

WIA Training Program Application (continued)

44 Curriculum		45 Relevant Occupations (SOC/O*NET Code)	
Course Code	Course Title	Code	Title
		46 Relevant Occupation Recommendation	
		SOC/O*NET Category	Description
Accessibility 47 On-Site Parking 1 Yes 2 No 48 Public Transportation 1 Yes 2 No 49 Disabled Student Access 1 Yes 2 No 50 Sign Language 1 Yes 2 No 51 Other Languages 1 Yes 2 No 52 Other 1 Yes 2 No		53 Target Audience 54 Average Class Size 55 Equipment To Be Used	
Initial Performance Information			
56 Period Begin Date	57 Period End Date	58 Participant Universe	59 Average Hourly Wage at Placement
60 Program Completion Rate	61 Entered Employment Rate	62 Skill/Credential Attainment Rate	63 Retention Rate
Assurance text will be supplied at a later date.			
64 Printed Name of Provider Representative		65 Title	66 Date
Signature			

ETPL EPGA (Rev. 04/00)
(Internet)

Line Item Instructions

The following are line item instructions for completing the Training Program Application form. These instructions are intended to assist applicants with the completion of this form. They are not intended to provide information on using the Job Training Automation (JTA) system. For detailed instructions on the JTA system, please refer to the *JTA User Guide*.

01 Provider Code (FEIN)	<p>Record the provider's nine-digit Federal Employer Identification Number (FEIN).</p> <p>This data field is required to be completed by the provider and will not be validated or displayed to the public.</p>
02 CIP Code Program Code	<p>Record the six-digit Classification of Instructional Programs (CIP) Code. The CIP Code is the U.S. Department of Education's standard code for federal surveys and state reporting of institutional data, including program offerings, enrollments, and completions. You may order the <i>CIP Code Handbook</i> at the Website address http://nces.ed.gov/spider/webspider/91396.shtml</p> <p>This data field is required to be completed by the provider and will not be validated.</p> <p>This data field is required and will be auto-generated by the system from the following data elements: CIP Code, Mode of Delivery, Program Goal, County Code, and Increment.</p>
03 Subgrantee Code	<p>Record the three-digit code that is used to identify the LWIB.</p> <p>This data field is required to be completed by the LWIB and will not be validated.</p>
04 Agency Code	<p>Record the locally defined agency code.</p> <p>This optional data field is completed by the LWIB and will not be validated.</p>
05 Date Received by LWIB	<p>Record the date the LWIB received the application form.</p> <p>This data field is required to be completed by the LWIB and will not be validated.</p>
06 Local Program Code Provider Name	<p>Record the local program code that is assigned by the LWIB.</p> <p>This optional data field is completed by the LWIB and will not be validated.</p> <p>Record the name under which the institution operates. This name will be displayed on the ETPL.</p> <p>This data field is required to be completed by the provider and will not be validated.</p>

07 Program Name	<p>Record the name of the training program or course of instruction to be considered for eligibility.</p> <p>This data field is required to be completed by the provider and will not be validated.</p>
08 Program Description	<p>Record the description of the program or course.</p> <p>This data field is required to be completed by the provider and will not be validated.</p>
09 Training Site Address City, State	<p>Record the training site's address.</p> <p>This data field is required to be completed by the provider and will not be validated.</p> <p>Record the city and state of the training site address.</p> <p>This data field is required to be completed by the provider and will not be validated.</p>
10 ZIP	<p>Record the five or nine-digit ZIP code for the training site address.</p> <p>This data field is required to be completed by the provider and will not be validated.</p>
11 County	<p>Record the two-digit County code for the training site.</p> <p>This data field is required to be completed by the provider and will not be validated.</p>
12 Listed on Other State's ETPL	<p>Check the appropriate box.</p> <p>1 Yes—The program is listed on another state's ETPL.</p> <p>2 No</p> <p>This data field is required to be completed by the provider and will be validated by the LWIB.</p>
13 ADA Compliant	<p>Check the appropriate box.</p> <p>1 Yes—The provider meets the American Disability Act (ADA) as defined by Federal and State requirements.</p> <p>2 No</p> <p>This data field is required to be completed by the provider and will be validated by the LWIB.</p>

14 Total Hours of Instruction	<p>Record the total number of clock hours for program/course being offered.</p> <p>This data field is required to be completed by the provider and will not be validated.</p>
15 Credits	<p>Record the total number of credit hours (if applicable) for program/course being offered.</p> <p>This optional data field is completed by the provider and will not be validated.</p>
16 Non-Credit	<p>Check the appropriate box.</p> <p>1 Yes—The program is not for credit.</p> <p>2 No</p> <p>This data field is required to be completed by the provider and will not be validated.</p>
17 Credit Time	<p>Check the appropriate box.</p> <p>1 Semester—The length of the program is 18 weeks of instruction or six months in an academic year.</p> <p>2 Quarter—The length of the program is 12 weeks of instruction in an academic year.</p> <p>This data field is required to be completed by the provider and will not be validated.</p>
18 Tuition	<p>Record the required tuition such as all initial administrative, registration, and class fees.</p> <p>This data field is required to be completed by the provider and will not be validated.</p>
19 Fees	<p>Record the required fees such as memberships, special room rentals, entrances, etc.</p> <p>This data field is required to be completed by the provider and will not be validated.</p>
20 Expenses	<p>Record the essential expenses such as books, materials, and special transportation, parking passes, etc.</p> <p>This data field is required to be completed by the provider and will not be validated.</p>
Total	<p>Record the total by adding the amount for tuition, fees, and expenses.</p> <p>This data field is required to be completed by the provider and will be validated by the LWIB.</p>

21 Mode of Delivery	<p>Check the appropriate box.</p> <p>1 Stand-up—The program is conducted in a classroom style.</p> <p>2 Internet—The program is conducted entirely online, via the world wide web.</p> <p>3 Correspondence—The program teaches individuals by mailing them lessons that are returned to the school for grading upon completion.</p> <p>4 Broadcast—The program is transmitted by radio or television.</p> <p>5 Computer-Based Instruction—The program is an interactive computer-based training course.</p> <p>This data field is required to be completed by the provider and will not be validated.</p>
22 Days	<p>Check the appropriate box.</p> <p>1 Yes—The program is offered between 6:00 a.m. and 4:59 p.m.</p> <p>2 No</p> <p>This data field is required to be completed by the provider and will not be validated.</p>
23 Evenings	<p>Check the appropriate box.</p> <p>1 Yes—The program is offered after 5:00 p.m.</p> <p>2 No</p> <p>This data field is required to be completed by the provider and will not be validated.</p>
24 Weekends	<p>Check the appropriate box.</p> <p>1 Yes—The program is offered Saturday's and/or Sunday's.</p> <p>2 No</p> <p>This data field is required to be completed by the provider and will not be validated.</p>

25 Frequency of Offering	<p>Check the appropriate box.</p> <p>1 Weekly</p> <p>2 Monthly</p> <p>3 Quarter</p> <p>4 Semester</p> <p>5 Other</p> <p>This data field is required to be completed by the provider and will not be validated.</p>
26 BPPVE Approval Status	<p>Check the appropriate box.</p> <p>1 Approved</p> <p>2 Temporary Approval</p> <p>3 Registered</p> <p>9 Not Applicable</p> <p>This data field is required to be completed by the provider and will be validated by the State.</p>
27 BPPVE Approval Expiration Date	<p>Record the date that BPPVE approval, temporary approval or registration expires.</p> <p>This data field is required to be completed by the provider and will be validated by the State.</p>
28 Other BPPVE Approved Programs	<p>Check the appropriate box.</p> <p>1 Yes—The provider has other programs approved by the Bureau for Private Postsecondary and Vocational Education.</p> <p>2 No</p> <p>This data field is required to be completed by the provider and will be validated by the State.</p>
29 Registered Apprenticeship	<p>Check the appropriate box.</p> <p>1 Yes—The program is approved under the National Apprenticeship Act.</p> <p>2 No</p> <p>This data field is required to be completed by the provider and will be validated by the State.</p>
30 Registered Date	<p>Record the registration date.</p> <p>This data field is required to be completed by the provider and will be validated by the State.</p>

31 CDE Approved	<p>Check the appropriate box.</p> <p>1 Yes—The program is approved by the California Department of Education.</p> <p>2 No</p> <p>This data field is required to be completed by the provider and will be validated by the State.</p>
32 COCCC Approved	<p>Check the appropriate box.</p> <p>1 Yes—The program is approved by the Chancellor's Office of the California Community Colleges.</p> <p>2 No</p> <p>This data field is required to be completed by the provider and will be validated by the State.</p>
33 Proven Effectiveness	<p>Check the appropriate box.</p> <p>1 Yes—The program has demonstrated proven effectiveness per locally defined criteria.</p> <p>2 No</p> <p>This data field is required to be completed by the provider and will be validated by the LWIB.</p>
34 Employer Support	<p>Check the appropriate box.</p> <p>1 Yes—The program has demonstrated employer support per locally defined criteria.</p> <p>2 No</p> <p>This data field is required to be completed by the provider and will be validated by the LWIB.</p>
35 Industry Authorized	<p>Check the appropriate box.</p> <p>1 Yes—The program has been authorized to provide industry-specific training per locally defined criteria.</p> <p>2 No</p> <p>This data field is required to be completed by the provider and will be validated by the LWIB.</p>
36 Continuing Education Units (CEU)	<p>Record the number of continuing education units offered.</p> <p>This optional data field is completed by the provider and will not be validated.</p>

37 CEU Granting Institution	<p>Record the name of the institution granting continuing education units.</p> <p>If CEU is offered, this data field is required to be completed by the provider and will not be validated.</p>
38 Resources Required	<p>Check the appropriate box.</p> <p>1 Yes—The program requires student-supplied items.</p> <p>2 No</p> <p>This data field is required to be completed by the provider and will not be validated.</p>
39 Program Goal	<p>Check the appropriate box.</p> <p>1 Skill Attainment—The program provides individuals with academic, occupational, or employability skills.</p> <p>2 Certificate—A certificate means any diploma, document, or other written degree that signifies, purports, or is generally taken to signify satisfactory completion of requirements of an academic, educational, technological, or professional program of study beyond the secondary school level.</p> <p>3 Registration—A program that usually leads to requiring individuals to file with a government agency before practicing the occupation.</p> <p>4 License—A program that prepares an individual to obtain an official document that authorizes them to engage in a specific activity.</p> <p>5 Associate Degree—A degree granted by community colleges to students who complete a specified program of study, usually totaling 60 units.</p> <p>6 Baccalaureate Degree—A level of education marked by the completion of the equivalent of four or more years of full-time education. There are two kinds of bachelor degrees, Bachelor of Arts and Bachelor of Science.</p> <p>7 Other</p> <p>This data field is required to be completed by the provider and will not be validated.</p>
40 Credentialing Body	<p>Record the name of the organization granting the credential.</p> <p>If the program goal is marked as 2-6 in box 38 (above), this data field is required to be completed by the provider and will not be validated.</p>

41 Projected Hourly Wage After Program Completion	<p>Record the projected hourly wage after completing the program.</p> <p>This optional data field is completed by the provider and will not be validated.</p>
42 Prerequisites	<p>Record the requirements needed, such as grade level, skills, etc. for entry into the offered program/course.</p> <p>This data field is required to be completed by the provider and will not be validated.</p>
43 Skills Sets	<p>Record the list of skill sets to be acquired upon completion of the program course.</p> <p>This optional data field is completed by the provider and will not be validated.</p>
44 Curriculum	<p>Record the list of individual courses and course codes needed in order to complete the program.</p> <p>This data field is required to be completed by the provider and will not be validated.</p>
45 Relevant Occupations	<p>Record the list of occupations, including the Standard Occupational Classification (SOC)/Occupational Information Network (O*NET) code, for which the program is applicable. The SOC code can be located in the following web site http://stats.bls.gov/soc/soc_home.htm and the O*NET code can be located in the following web site http://www.doleta.gov/programs/onet.</p> <p>This data field is required to be completed by the provider and will not be validated.</p>
46 Relevant Occupation Recommendation	<p>If a SOC/O*NET code is not available, record the list of occupations, including the SOC/O*NET category such as industry, for which the program is applicable.</p> <p>This optional data field is completed by the provider and will not be validated.</p>
47 On-Site Parking	<p>Check the appropriate box.</p> <p>1 Yes—Parking is available on the premises.</p> <p>2 No</p> <p>This data field is required to be completed by the provider and will be validated by LWIB.</p>

48 Public Transportation	<p>Check the appropriate box.</p> <p>1 Yes—Public transportation is available.</p> <p>2 No</p> <p>This data field is required to be completed by the provider and will be validated by LWIB.</p>
49 Disabled Student Access	<p>Check the appropriate box.</p> <p>1 Yes—The provider provides support services to help students with physical, visual, hearing, or learning disabilities. Services may include registration assistance, handicapped parking, campus orientation, etc.</p> <p>2 No</p> <p>This data field is required to be completed by the provider and will be validated by LWIB.</p>
50 Sign Language	<p>Check the appropriate box.</p> <p>1 Yes—The program is offered to individuals using hand gestures for communication.</p> <p>2 No</p> <p>This data field is required to be completed by the provider and will be validated by LWIB.</p>
51 Other Languages	<p>Check the appropriate box.</p> <p>1 Yes—The program is offered in a language besides English.</p> <p>2 No</p> <p>This data field is required to be completed by the provider and will be validated by LWIB.</p>

52 Other	<p>Check the appropriate box.</p> <p>1 Yes</p> <p>2 No</p> <p>This data field is required to be completed by the provider and will be validated by LWIB.</p>
53 Target Audience	<p>Record who the program is directed toward (e.g. middle managers, experienced computer programmers, etc.).</p> <p>This optional data field is completed by the provider and will not be validated.</p>
54 Average Class Size	<p>Record the average number of students expected in the classes/courses comprising the program.</p> <p>This data field is required to be completed by the provider and will not be validated.</p>
55 Equipment To Be Used	<p>Record the list of equipment to be used by program participants.</p> <p>This optional data field is completed by the provider and will not be validated.</p>
56 Period Begin Date	<p>Record the begin date for performance data reporting.</p> <p>This optional data field is completed by the provider and will not be validated.</p>
57 Period End Date	<p>Record the end date for performance data reporting.</p> <p>This optional data field is completed by the provider and will not be validated.</p>
58 Participant Universe	<p>Record the total number of all participants/students exiting program/course between the period begin and end date.</p> <p>This optional data field is completed by the provider and will not be validated.</p>
59 Average Hourly Wage at Placement	<p>Record the average wage at placement in employment of all individuals participating in the applicable program.</p> <p>This optional data field is completed by the provider and will not be validated.</p>

60 Program Completion Rate	<p>Record the number of successful completers divided by “Participant Universe” (see line 57 above).</p> <p>This optional data field is completed by the provider and will not be validated.</p>
61 Entered Employment Rate	<p>Record the number of students who obtain unsubsidized employment divided by “Participant Universe” (see line 57 above).</p> <p>This optional data field is completed by the provider and will not be validated.</p>
62 Skill/Credential Attainment Rate	<p>Record the rate at which completers attained expected skill sets and/or credentials.</p> <p>This optional data field is completed by the provider and will not be validated.</p>
63 Retention Rate <i>Assurance text will be supplied at a later date</i>	<p>Record the rate at which participants retained employment over a set post-program period.</p> <p>This optional data field is completed by the provider and will not be validated.</p>
64 Printed Name of Provider Representative	<p>Record the name of the provider representative that may be contacted regarding this form.</p> <p>This data field is required to be completed by the provider and will not be validated.</p>
65 Title	<p>Record the provider representative’s title.</p> <p>This data field is required to be completed by the provider and will not be validated.</p>
66 Date Signature	<p>Record the date the provider representative signed the program application form.</p> <p>This data field is required to be completed by the provider and will not be validated.</p> <p>Signature of provider representative.</p> <p>This data field is required to be completed by the provider and will not be validated.</p>